

The Times and Register.

VOL. XXVII. No. 1.

PHILADELPHIA, JANUARY 6, 1893.

WHOLE No. 800.

Original.

A GOOD METHOD FOR DISINFECTING SURGICAL INSTRUMENTS.

BY DR. ROMAIN J. CURTIS,
Joliet, Ill.

Too much poison is used in surgery. In fact, it was, a short time ago, becoming question whether the poison of the surgeon in surgical dressings, washes, douches, irrigations, etc., was not more detrimental than the ptomaine of the surgical microbe.

Happily, the excess of surgical antiseptics appears to be working itself away. The drainage tube is no longer the necessary feature of a surgical landscape. It is not used by thoughtful men in wounds not known to be infected.

The dogma, that puerperal and surgical sepsis is the fault or misfortune of the surgeon, seems to be replaced by the conviction that the septic infection may gain access to a wound by the back door—may even come by way of drinking water and the stomach, or by the air and the lungs.

Some of the ridiculous features of the operating room are disappearing. It is no longer thought really necessary to wrap up a wound in a dozen or more laminae of gauze and mackintosh, nor do the operators always change their clothing throughout or wrap themselves in gauze.

The turban of gauze always impressed me as being much more suggestive of headache than antiseptics, to say nothing of feeble mindedness.

Surgical instruments, no doubt, gather up and disseminate the surgical infections.

The reason is because they are used to make operations in wounds or infectious diseases. No doubt disease can be and has been transmitted in this manner.

Many methods have been suggested and employed to clean the instruments; these methods all suggesting heat and poisons.

It is difficult to destroy septic infection by boiling water, even with the addition of a poison.

One of the oldest lessons learned about bacteria is that they resist boiling water—except intermittent boiling.

But there is a speedy and certain method of reaching the microbe, which infects the surgical instrument, by heat. The heat should be a flame.

Usually, the surgical instrument is dry. The associated infection is dry. A flame can be applied readily to the whole instrument, which instantly burns up all organic matter, microbes, spores, germs, infection, contagion and all.

For this purpose I use a Bunson's burner.

The instruments are passed, handle and all, rapidly through the flame of this burner. All knives are then wrapped in borated cotton, and the other instruments thrown loosely in a metal box. The knives are packed in a metal box, wrapped in cotton.

The metal box is also held over the flame of the burner a sufficient time to ignite and consume all organic matter it may contain.

EINHORN'S GASTRODIAPHANE.

EXHIBITED BY S. SOLIS-COHEN, M. D. BEFORE THE COLLEGE OF PHYSICIANS, PHILADELPHIA.

I wish to call the attention of the Fellows of the College to the "gastrodiaphane" devised by Dr. Max Einhorn, of New York, which consists of a small electric lamp fastened to a flexible stomach-tube with cords connecting it with a source of electric power and with a handle to make and break the current. Four storage cells having an electromotive force of 8 volts, or an equivalent number (6) of freshly charged bichromate primary cells will operate it.

The patient having swallowed two glasses (one pint) of cold water, the end of the tube is lubricated with glycerin and the instrument is then readily swal-

lowed by a person accustomed to swallow the stomach-tube and sometimes by those not accustomed to its use.

The examination being made in a dark room, when the current is turned on, the contour and area of the stomach appear very plainly as a luminous red zone on the abdominal wall.

The advantage of this method is in determining the presence or absence of thickening in the anterior wall of the stomach and in determining the exact position of the stomach and the outline of the lesser curvature. It is exceedingly useful in diagnosing between dilatation of the stomach and the condition termed gastropexia or sinking of the stomach.

I have used the instrument in many normal sized stomachs and in half a dozen cases in which diagnosis was in doubt.

In one case it confirmed the diagnosis of dilatation where the ordinary methods of percussion were unsatisfactory; thus proving the presence of pyloric obstruction, although the case of the obstruction was so situated as not to be manifest.

In another case, with symptoms of carcinoma, and absence of free HCl, but in which a tumor could not be felt, the thickening of the anterior wall appeared very clearly on the abdomen as a dark patch in the midst of the zone of trans-illumination.

In another case in which there was a question whether or not a tumor of the abdominal wall communicated with or was attached to the stomach, we were able to demonstrate that there was no direct connection.

The method has a limited usefulness in diagnosis, its advantage being that it is readily applied and that within its limitations the information it gives is easily interpreted.

DISCUSSION.

Dr. D. D. Stewart: I have used gastrodiaaphany for about a year in a large number of cases.

I have found that the introduction of but one or two glasses of water is not sufficient to render the whole stomach translucent. It permits only the lower part of the stomach, that of the greater curvature, to be seen.

Heryng and Reichmann advise the introduction of 1000 to 2000 c.c. of water. In this way the lesser curvature is also outlined. At times you can see a portion

of the colon illuminated, the recti muscles, the hypogastric veins, and also the edge of the liver and a portion of the spleen.

The great objection is the difficulty of getting the patient to swallow the diaphane. One has first to become used to the tube.

For gastrodiaaphany to be of any diagnostic use it is necessary to introduce so much water that it causes great discomfort to the patient, and often vomiting, necessitating prompt withdrawal of the instrument.

Dr. Frank Woodbury: This instrument was first presented to the German Practitioner's Society, of New York, five or six years ago, and its use demonstrated. It has not made very great progress since then.

If we have to administer a couple of quarts of water before making the examination the diagnosis of dilatation is already made.

Where we suspect a growth on the anterior wall of the stomach it might be advantageous to use this instrument.

I would suggest instead of glycerin as a lubricant the use of a cacao-butter, which is a bland and entirely nonobjectionable material.

Dr. Stewart: With reference to lubricants for stomach tubes I would say that I use nothing save water. Glycerin is unnecessary and cacao-butter is not to be thought of.

Dr. Cohen: Einhorn claims, and I agree, that one advantage of his instrument and method over Heryng and Reichmann's lies in the small quantity of water necessary.

Einhorn has also the priority in the matter, if that is of any consequence. Glycerin is used to lubricate the glass only, and I find it useful and without drawback of any kind.

NOTES ON HANOT'S DISEASE, OR HYPERTROPHIC CIRRHOSIS, WITH CHRONIC JAUNDICE.

The hepatic lesions involved in this disease are due to functional over-activity, causing increased formation and hypertrophy of the glandular elements.

Bile is formed in excess, as evidenced by its appearance in the skin, urine and dejections. It is also super-abundant in the liver, and the whole excretory apparatus is dilated rather than contracted.

This "biliary diabetes" does not entail a gross destruction of blood-corpuscles

(as occurs in splenic disease); it is simply a result of exaggerated activity of the liver cells.

It is not likely that the bile-ducts are the first seat of attack, for the secondary hepatic lesions are not necessarily prominent in certain branches, nor are they disposed in disseminated foci; on the contrary, the hepatic changes are spread about and diffused. More probably the lesions are contemporaneous or nearly so.

The connective tissue itself is affected, and develops specially in the neighborhood of the nourishing vessels (the ramifications of the hepatic artery), which soon swell, overgrow and dilate, until the ultimate branches tend to shrink within their capillary network.

The lesion then is a diffuse, interstitial and epithelial hepatitis, the parenchymatous and connective lesions being alike primary and dependent on one cause.

The action of this cause is not confined only to the liver; it also affects the lymphatics of the abdomen and spleen. Possibly the kidneys may also be involved, since parenchymatous nephritis often co-exists with this condition.

Hanot's disease is a general affection of which the local manifestations are probably of infectious origin; but its rarity, and its clinical and anatomical peculiarities, would suggest that it is produced by an unusual variety of germ.

—L. Lewis, M. D., translated from "La Semaine Medicale," July 19, 1893.

ABSTRACT OF AN ARTICLE ON SEXUAL PERVERSION.

BY MM. BOISSIER AND LA CHAUX.

The courts have frequently had occasion to try men, who had been guilty of indecent exposure. Some among these were manifestly not responsible for their action; while others, who appeared to enjoy the full exercise of their mental faculties, were properly condemned to punishment.

This class of cases attracted no medical literary notice until Lasague wrote his memoir on the subject. He named the disorder "exhibitionism."

Magnau, later on, by extended research, cleared up the matter more satisfactorily.

Lasague's paper was merely a history of different cases grouped under the same heading. He classed together erotomania, senile dementia, general

paralysis and epilepsy in cases where there had been violations (generally unconscious) of modesty.

In this work was also pointed out, for the first time, a new pathological type of an interesting character: that of "obsession." The author speaks of the "besetting," the "impulsive," and "irresistible" features of the act committed by individuals, in whom in other respects general morality is good.

There is a striking contrast between the rational aspect of the culprit and the absurdity of the accomplished offense. The instantaneousness and the absurdity of the act are fully recognized by the subject, while the absence of venereal desire, the indifference to consequences, the limitation of the appetite to an exposure, which never becomes the starting point of an amour, all point to a condition of disease.

While not noticing all the characters of "obsession," the author points out one, that of impulse; but at the same time he did not recognize the incompatibility, logically speaking, of such acts with psychological health, and so many of the cases he met with were turned over to the law.

He did not believe in the complete annulment of the will power while the mental faculties (intellectual) were intact.

Magnau afterwards cleared up the question by explaining the mechanism of this anomaly, and since then numerous unfortunates have escaped punishment.

The aberration is identical in its process with that of the symptomatic acts of all mentally unbalanced persons.

The subject undergoes the same strain as the drunkard, the "cutter" of clothing, the onomatomaniac (in search of a particular word) and their congeners.

The action in all of them is preceded by the painful, but useless struggle against self, and after the consummation is followed by the same appeasement.

In the victims of obsession there is no same anxiety, the same fruitless efforts, to repress the implacable desire to expose the genitals.

Conquered at last, the subject, covered with shame, yields and experiences immediate and entire relief.

This perversion of the sexual appetite is so besetting and urgent that it overcomes the restraining influence of the higher centres of the brain.

This is one of the stigmata character-

izing the train of morbid symptoms and denotes a certain heredity. Other mental disorders ultimately follow it.

The condition sometimes remains latent, requiring a determining cause for its outbreak; just as in the dipsomaniac the desire for alcohol becomes at times overwhelming.

There is another variety of the disorder, characterized by acts of bestiality. The clinical and psychological history of these cases is the same as in the previous variety.

Genital perversion in extreme forms destroys morality, produces inharmony among the several intellectual powers, and the impulse becomes irresistible. The disorder requires strict hygienic and moral treatment, and may thus be often eradicated.

—Translated by E. W. Bing, M. D.

DIET IN TYPHOID FEVER.

BY WILLIAM F. WAUGH, A.M., M.D.

I have several times called attention in this journal to one of the most important problems presented to the practitioner—the feeding in typhoid fever. In Europe the practice has reverted generally to the Hippocratic diet of water soup.

In America milk is all but universally used.

Milk, according to Dujardin-Beaumetz, can only act as salt and water, as neither the fat nor the casein can be absorbed.

The disease affecting the glandular apparatus of the intestines, absorption through this channel is impossible, and the patient can only be nourished by means of absorption through the veins.

That this is insufficient is shown by the cases occasionally seen of occlusion of the thoracic duct, in which the patient becomes greatly emaciated.

In fact, this condition is exactly paralleled in typhoid fever, where the glands drained by the thoracic duct are rendered incapable of absorbing food. The only exceptions to this rule lies in the facts that all of Peyer's glands may not be wholly disabled at the same time; as the glandular affection is somewhat progressive from above downwards and some of the glands may not be affected at all.

It becomes, then, a question whether we can supply food at all during a typhoid attack; whether any substance can be directly absorbed into the veins

without passing through the intestinal glands and yet be assimilated.

There are two substances to which this may be possible. Egg albumen is directly absorbed into the tissues of the growing chick, without digestion or assimilation. The food is the life; the digested, assimilated and vitalized final product of the whole chain of processes by which food becomes transformed into an integral part of a living organism.

If any substances are available in these cases it must be these. Even milk must be digested before it goes to nourish the child.

Several years ago I presented this subject, and spoke of the excellent results I had obtained from the use of these foods in typhoid fever.

The white of egg can be mixed with iced water and given very readily.

For blood we must rely on bovine, as fresh blood cannot possibly be obtained at the times it is required.

Bovine, consisting of beeves' blood and egg albumen, preserved with glycerine and whisky, with a little foric acid, answers the need most admirably. It has been my reliance in feeding to typhoid cases for many years, and its success has demonstrated the correctness of the above propositions.

Fourteen drops to a teaspoonful may be given every two hours, day and night.

Patients fed on bovine get up with much less emaciation than those fed on soups or undigested milk.

Quite recently a very remarkable series of cases have been reported, in which chronic ulcers, even of many years' duration, have been cured by the local application of bovine. Several hundreds of such cases have been so treated with great success. These go so far to confirm my views; for if bovine can be absorbed from the surface of an ulcer, or from the subcutaneous tissue about it, and so improve the local nutrition as to bring about healing, how much more likely that such a substance can be absorbed from the stomach, and keep up the general nutrition.

I would like to know the experience of others in this matter. Too often the good results one gets, or thinks he gets, are not confirmed by the common experience of the profession, and thus error finds credence. It is not what one person, specially skilled in the use of a remedy, can do with it, but what the average doctor who has no special experience with, or liking for,

the remedy can accomplish with it, that is the true test of its utility; and this verdict I wish to obtain.

—834 Opera House Block, Chicago, Ill.

REPORT OF A CASE OF FACIAL TUMOR.

BY B. MERRILL RICKETTS, CINCINNATI, O.

Mr. —, æt. 38, negro, robust, about 6 feet 1 inch tall, noticed a small growth under the angle of the left lower jaw at the age of 20.

This growth gradually increased in size until now it weighs from 30 to 40 pounds. The veins are very much dilated, some of which would, I imagine, admit an average sized lead pencil at their base. The skin has become very tense and has upon it here and there a few hairs. The mouths of the seba-



ceous ducts are enormously stretched, so that the skin overlying the tumor has the appearance of having been pock-marked.

He has great trouble in keeping the tumor warm, necessitating it being wrapped in flannel during the winter months.

He cannot be prevailed upon to have it removed, although it could be done with ease and without any special risk, especially as the pedicle is small. It being his stock in trade, one can readily

understand his averseness to an operation.

He occasionally exhibits himself for a small fee, and has the sympathy of the community in which he lives, the two enabling him to live with comparative ease and comfort.

I believe the tumor to be fatty in its nature, and report the case merely that it may be classified by those who are especially interested with the larger tumors.

—The Trinidad.

PHILOSOPHY OF MAN.*

(Continued from previous lecture).

BY JAMES E. GARRETSON, A. M., M. D.

Egoistic Sense.—Our subject to-night is the Egoistic Sense; meaning by this a sense that relates with Forms.

By Forms is meant conditions of Existence not appreciable by Common or Educated senses.

Let illustrations make perfectly clear what is intended to be conveyed. It is recorded that three Magi saw a star that moved with the purpose of showing where a young child lay in a manger. It is also recorded that John, when at the island of Patmos, saw, in an opened sky, his story of the Revelations. It is matter of biblical history that Belshazzar, when feasting in his halls, saw a hand project itself and write upon the wall certain warning words. Believers in the sacred writings hold in no doubt the apparition of the Witch of Endor, nor do they esteem as less fact the reality of a voice heard by Samuel.

Coming nearer our own time, we have Swedenborg telling of his converse with angels; Jacob Bæhm showing education without ever having been at school; Paracelsus talking over things heard by him in the air.

Reaching our immediate time, we have the so-called Spiritualists, who declare to sights as realities denounced by people at large as hallucinations, and who hold to the existence of Spirits as other men declare to the presence of Mortals.

The demon of Socrates is a Familiar whom the reading world has known about for centuries.

With the recitals given, and with a multitude of similar significance, both from sacred and profane history, with which every person is more or less ac-

*Synopsis of lecture delivered before the Garretsonian Society.

quainted, lie the text of Egoistic sense.

With the first lecture of the present course, predicate was laid that a man, in order to be able to see around the circle of his world, must be possessed of, and use, four means of sight, these means being: First, Common sense; second, Educated sense; third, Egoistic sense; fourth, Soul sense. Illustration lies with a common circle, which, in order to be seen around, requires sight directed from zenith, nadir and opposite points of its horizon.

Sight of things as afforded by Common and educated senses, is assumed as being fully understood and appreciated by the class. It certainly is recognized that enlargement of view is with education, and that to show homogeneity as contrariety needs alone the use of a microscope. A million swimming beings live in draughts of water never seen, or to be seen, by common-sense people.

Passing forward, it is to be said that billions of realities or phenomena, as the case may be, relate with man's circle, never to be made known to him either by his common senses, or a highest degree of intellectuality as lying wholly with educated senses. These things are what is known to philosophy as unfilled forms. Simplest definition of this term "unfilled forms" lies in comparing transparent and opaque media. A microscope of finest construction and greatest power can see nothing but what is opaque.

Pure form is transparent. The word is one with idea. Matter, the antithesis of form, is opaque. Form is made opaque, as is shown, when matter is thrust into it. Illustration of this last is with an invention, which, being primarily pure idea, or form, becomes seeable and unseeable, out of reason of a materialization afforded it by the inventor.

Every invention, every new thought, any kind and every kind of thing that is new, affords illustration of form, or idea, remaining separated from matter until brought to recognition by genius of inventor, by words of poet, by score of musician, by design of architect.

Consider another illustrative proof of separability of form and matter. No individuality exists with matter. It is of itself formless and void. It is a common property of everything and everybody. It is inconstant to everything and everybody. It is a universal.

It is never a self. It was grass yesterday. It is milk to-day. To-morrow it will be a young child. Here the meaning of Empedocles:

"Once I was a girl, and once a boy,

A bird, a bush, a fish that swam the sea."

Matter being that with which science assumes to deal, let us here leave science and see what we may find ourselves able to see as to things dealt in by a sense that does not deal with science, namely, the Egoistic sense.

Are we to find ourselves able to see or to appreciate the showings of this sense? That depends! Answer relates with reply to questions as to what we find ourselves seeing of inventors' ideas, of poets' words, of musicians' notes, of architects' designs, of Spiritualists' materializations.

Here an affirmation is to be advanced that any man standing in the position of your lecturer will be wise in laying with other authority than his own; and such authority ought to be very reputable. The affirmation is that imaginations are man's nearest approach to realities.

Plato held and taught that all things consist of Matter and Form; and that matter, of which all things are made, existed from eternity, without form; but he likewise held that there are eternal forms of all possible things which exist without matter. It is to these eternal and immaterial things he gave the name of ideas.

Combine here these eternal and immaterial ideas of Plato with Milton's lines—

"God saw his works were good,
Answering his fair idea."

And here let a query interpolate itself. Are the creations of inventors not one in character with what is implied by Milton's lines? Were there ever other things out of which to create but Idea and Matter, or, to put this last in other form, is there in the known world, evident to senses so far considered, anything but Idea and Matter? To see a work answering idea is to see Form filled satisfactorily with Matter.

The poet Spencer affords the following illustrative passage:

"What time this world's great workmaster did cast,

To make all things such as we now behold,

It seems that He before His eyes had placed

A goodly pattern, to whose perfect mould

He fashioned them as comely as he could,

That now so fair and seemly they appear

As nought may be amended anywhere,
That wondrous pattern, whereso'er it be,

But the poet saw not the meaning lying with his own hypostasis of Ego, nor did he consider the creations made by the musicians and architects.

Seneca, like Plato, held ideas to be the eternal exemplars of things, Cicero as their form, Diogenes Laertes as their cause and principle, Aristotle as substances. The common idea entertained of them to-day is that they are notions, this word being used in the sense of nothings.

Plutarch, discoursing of Ideas, says as follows: "Idea is a bodiless substance which of itself hath no subsistence, but giveth form and figure to shapeless matter and becometh the cause that bringeth them into show and evidence."

Plato contrasts Aristotle in being spiritualist as contrary to materialist. "Things created," he wisely says, "being in a state of continual flux, there can be no real knowledge concerning them; but forms, being eternal and unchangeable, are the proper objects of knowledge." Is it not the case that, quite independent of Plato, we had worked this out for ourselves in the understanding gained that "nothing is what it seems to be."

But is it as inductionists or as spiritualists that such understanding was reached? For myself, I sadly confess to the former. Aristotle was no Plato. Aristotle was the prince of inductionists. Difference between the two lay with the place of start: Plato came from the skies, Aristotle from the earth. Plato was esoteric, Aristotle was exoteric. Plato was egoistic, Aristotle was organic.

I am aiming to show the respect belonging to, and the confidence to be placed in, things considered by people in general as "nothing;" in things called imaginations, to make example. Imaginations are, perhaps, the least understood things of relation. What is an imagination but an idea, and what is an idea but a form? If there was a time when the earth, and the things of the earth, were without form and void, was there not, necessarily, a time intermediate to that and the present when idea existed unmaterialized? Can a thing precede its pattern?

May I venture to take up the affirmation with the purpose to suggest that it is with intangibles as with tangibles; namely, a thing is never else than what a man can make out of it. The crudest

notion that ever passed before the egoistic sense is quite as much reality as the deepest water that ever obstructed the progress of body. Sound is sound, whether materialized by a corn-stalk fiddle or by a Stradivarius violin. Vision is vision, whether as a serpent to the mania-a-potunt or as Witch of Endor to Saul. Truly it is of the sounds and of the visions alone that we cannot say they are phantasms. Material, as it fills form and shows it, is one with the evanescence of summer leaves, but form holds for a refilling, and has so held from a beginning.

Summer leaves have not gone from us in the June day when a blind man sees them not. They are not less absent from the tree because no egoistic vision is by to see them in the winter time.

Are we or are we not prepared for an assertion that what is seen by any Ego is seen by it—this, whether reference is to a troop of wolves seen on a plain through the natural eye, or a bevy of angels seen in a dream by the spiritual eye.

Is fraud with spiritualism? With its professors no doubt in quantity. But is not spiritualism one absolutely with what Plato pronounces the object of study? Is it not as absolutely one with that continuousness of existence declared for the dematerialized Ego? Is it not, in turn, the opposite of that confusion with which our unphilosophic theology so ruthlessly parts us from loved ones over whose matter alone the funeral oration has been pronounced?

Is the answer made by the dying Socrates to Crito's question as to how he "would like to be buried," to find too frequent repetition? "If only you can catch me, Crito, bury me as you please."

Egoistic sense is self-seeing, hearing, tasting, smelling, feeling without dependence on the senses of the body. It is communication, media being away—that is, it is mediate and not immediate communication.

But egoistic sense bears likeness with the organic senses in being acute or dull, as do these other senses, or varying with times and circumstances. Was not an odor smelled yesterday found without appeal to its sense to-day? Is not the musician alive to-day to sounds appealing to his spiritual ear which ear heard nothing yesterday and is likely to be as dead to-morrow?

Is the egoistic sense to be cultivated? Question here relates with what is called organization, whether this is confined to body or extends to Ego. What is seen of forms is always one with degree of sensitivity. Certainly there are sensitives who are not so by reason of cultivation. On the other hand, there are sensitives who are filled with the world's knowledge. Example of the former is with Plotinus, the Alexandrian porter; of the latter Paracelsus and Swedenborg are to be named.

But spiritualistic is not to be confounded with religious. We are to come to this last at our next meeting. A man may be supreme as to spiritualism who is antithetical as to religion; that is, his sight may be constantly full of forms, while his heart is continuously empty of divine.

How various are the forms seen, and how useless and apparently purposeless the ideas that come and go, are familiar things to everybody; but, contrast with these the images filled by Shakespeare with words for us, the melodies thrust full of notes by Beethoven, the forms filled with marble by Phidias—the God put into flesh by Jesus, the Christ.

(To be continued.)

Note.

Improved Empty Capsules for the Rectum.—Messrs. H. Planten & Son, New York, the pioneer capsule house of the United States, have recently placed on the market an improved empty capsule for medication in the rectum, of which we show herewith a sketch. The ordinary cone-shaped suppositories, which have done so long duty, are easily expelled, causing much aggravating annoyance and disappointment to both physician and patient.



The shape of these capsules is in accordance with the suggestions of Mr. Henry S. Wellcome, as made by him in his lecture before the Amer. Pharm. Assoc. at their annual meeting in Chicago.

This improved or Wellcome shape will be found in every way superior to any empty gelatin, cocoa, butter and gluten suppositories now on the market.

The Times and Register.

A Weekly Journal of Medicine and Surgery.
FRANK S. PARSONS, M. D.,
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PUBLISHED BY

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1725 Arch Street.

PHILADELPHIA, JANUARY 6, 1894.

INFLUENZA.

There has been an outbreak, within the past month, of what most of our fellow-practitioners are pleased to call the grip.

In the majority of cases so named there is, doubtless, little else to be observed than symptoms of the ordinary "cold;" however, the effect upon the patient is most gratifying when, with a wise and knowing mien, the learned physician states his diagnosis to his patient as follows: "You have the grip."

We do not doubt that there are many cases of true influenza with the long train of complicating symptoms and, notably, the extreme exhaustion which does not accompany the ordinary coryza, but the too common fallacy of calling everything "grip," because there are a few cases, is to be condemned.

Coryza, bronchitis, tracheitis and such inflammatory conditions of the respiratory tract are only too common in the winter season, particularly when extremes of temperature follow each other.

If it be true, as has been recently suggested, that bacteria in cold weather, are attracted by warm bodies and, hence the greater susceptibility of contracting "colds" (assuming that all diseases are of bacterial origin), why is it that, in warm weather, one may take a violent "cold" by sitting in a cold draught of air, or having another person fan the back of one's neck?

An unusual symptom has been observed by the writer, in several cases this winter, concomitant with coryza,

viz.: occlusion of one of the eustachian canals by mucus.

While the symptom may not be more than one would naturally expect might occur at any time with any coryza, yet the singular coincidence is that, not only in the writer's experience, but also in the experience of many others, the same phenomenon has occurred.

The difficulty is easily overcome by inflating the eustachian canal by a Politzer's bag.

F. S. P.

MEDICO-LEGAL QUESTIONS AND THE MEDICAL PROFESSION.

It is an old and trite saying that "The shoemaker should stick to his last;" in other words, that everyone should confine himself to his particular line of study or occupation.

Lawyers are not supposed to dabble in medicine, nor the medical man in law.

However, there is no little "moonshine" in all this sort of thing; for all well-bred ministers of the gospel and counselors-at-law are generally fully informed in many matters pertaining to medicine.

"He who pleads his own case, they say, has a fool for a client;" but nevertheless, if a practitioner would avoid the many pitfalls that lie in his path, he had better not shut his eyes to the importance of at least an elementary knowledge of medical jurisprudence.

The Hon. Clark Bell, of New York, has been indefatigable in his efforts to organize a society which would serve to bring in touch the physician and the lawyer, and through it disseminate through both professions such items of information as concern medico-legal matters.

The society now has a large and growing membership, a quarterly journal, sent to every member in every State and Territory in this country, and all the foreign nations abroad.

There certainly is great need for such an organization and such a journal, which, properly supported by the whole profession, would obviate many embarrassing and expensive suits for malpractice, and, besides, teach the practitioner just precisely what his prerogatives and obligations were.

T. H. M.

TOUTS AND TOUTING.

It is quite amusing to read through some of our exchanges the grumbling

from different quarters because some of the brethren have been doing a little "blowing" on their own account.

They have been designated "touts."

But, after all, they have been more sinned against than sinners.

Their misfortune has been that they belong to the "small fry." They have not the machinery of a medical college behind them. They have neither brass-buttoned lackeys, with a coach and four. They have no means to provide this sparkling nectar to those thirsty members of the press, with a present for your family, you know, to interview (?) them, and attend well to it that this bit of advertisement is scattered far and wide through the Associated Press.

It is an old story that "the pot called the kettle black;" the difference is only in degree, for, from all that we can gather from old Father Hippocrates down to the greatest lights of the profession, there have been those who did not hide their light under a bushel, but took good care that the world was well posted on their doings. They were shrewd and crafty, but nevertheless "touts."

-T. H. M.

Correspondence.

ACONITINE.

I trust that Dr. Waugh will pardon me if I take exception, in a measure, to his answer to Dr. H. C. Rugg, regarding the dose of the above mentioned drug in the Times and Register of November 11.

While I am aware that the tendency is to give too large doses of this, as well as many other powerful agents, yet I am of the opinion that this drug may be wisely used with far more freedom than one would infer from the remarks above referred to.

The effect of aconitine upon the tongue, locally, is no index of constitutional effect. It simply means that you have the local paralyzing effect of the drug, which will be produced as well by a 1-10,000 as a 1-100 grain dose if brought in direct contact with the mucosa.

When the tongue begins to prickle and the lips feel numb from aconitine taken internally, either in solution or in properly prepared granules, then it is time to suspend its use.

The dose of any drug is, really, the amount which must be present in the

system at a certain time to produce a certain desired effect, and it will readily be seen that this amount will vary greatly in different cases, through personal equation as well as method of giving.

There is no doubt but the solution is to be preferred, but it should be made fresh on the spot at the time of use, and the dilution should be such as to prevent any local effect upon the mouth or stomach.

The next most desirable form is the well-made granule, which, on test, will dissolve perfectly in cold water in five to eight minutes. In the warm fluids of the stomach it will dissolve much quicker, so that we may confidently expect to get its full constitutional effect in fifteen minutes, after which the dose may be repeated if cumulative effect is desired.

As I have before said, I give the drug much more freely than indicated by Dr. Waugh, one granule of Merck's Amorphous, grain 1-134, or, of the crystal grain 1-500, repeating every 15 to 30 minutes until effect is produced in an acute sthenic fever, accompanied by local congestion, or every hour in a fever of less severe type.

This is an average dose for an adult, children in proportion.

I prefer its combination with veratrine and digitalin for sthenic fevers in robust persons (a combination becoming popular under the name of Defervescent Comp. Abbott's), while its combination with strychnine and digitalin in the well-known dosimetric trinity—"Burggrave"—leaves little to be desired in fevers of an asthenic type.

The relative strength of the amorphous and crystallized aconitines is not positively known, the latter being at least four times as strong.

My experience leads me to believe that the amorphous form more nearly represents the action of the entire drug, and so I use this in all ordinary febrile conditions, reserving the crystallized preparation for use in neuralgic affections where the full paralyzing effect upon the sensory nerve endings is desired.

There are aconitines and aconitines, which lead to much difference of opinion. He is wisest who selects a good standard brand and sticks to it, for there is enough to learn in the use of one preparation of this most valuable drug.

I have selected Merck's because I believe the standard varies the least of any with which I am familiar.

There is no dose rule to be laid down that will meet the needs of every case; each one must be judged for itself and treated accordingly, giving the smallest possible quantity of the best obtainable drug to produce the desired physiological change.

There are specifics in drugs, those which always affect the economy along the same lines, but more for disease; for, as manifest in different persons, different physiological modifications are required. Hence we see the need of knowledge, judgment, care and patience, eternal vigilance being the price of success.

W. C. ABBOTT, M. D.
Ravenswood P. O., Chicago.

Sulfonal in the Treatment of the Insane.—Dr. John H. Scally (Maryland Hospital for the Insane) reports as follows concerning the action of Sulfonal:

"In treatment at this hospital, Sulfonal has been used for its hypnotic effect in the stages of excitement during attacks of acute mania, mania following epilepsy, recurrent mania, chronic mania, and also in melancholia.

"It has not been our custom to give it regularly each day, but only at those times when, owing to the extreme restlessness and motor excitability of patients, sleep is denied them. In the management of acutely maniacal patients just admitted, when it is necessary to secure immediate rest, and, as is often the case, when the patient's very lives demand it, Sulfonal has not failed in any case in which it has been used. Given in drachm doses, preferably in whisky, not only has it secured from six to eight hours' sound sleep, but it has produced quite a decided amount of motor sedation, lasting from eight to twelve hours after waking. In each case sleep was obtained within one hour after administration, and in none was any bad after-effects noticed.

"Three of our cases, two being acute mania and one epileptic mania, furnish evidence of the value of Sulfonal as a prompt and reliable hypnotic, when given in sufficiently large doses. In the first two cases both patients had been given morphine injections and other hypnotics by their family physicians with no appreciable effect. In both mania and one epileptic mania, furnish cases Sulfonal acted promptly. In the third case Sulfonal was found to act much more promptly than bromidia, paraldehyde or morphia, all of which had been previously given."

Surgery.

Under the charge of T. H. MANLEY, M. D., New York.

Supra-Pubic Lithotomy.—Lawson Tait thus describes the technique of this operation: "I make use of no precautionary measures or preparatory steps. I neither pack the rectum nor distend the bladder. I stand on the left of my patient and cut upward two inches and a half, starting immediately over the ridge of the pubic arch, exposing the tendon at one sweep. I then cut the tendon transversely over about one inch close to the bone, and cut it centrally for an inch and a half. I then pass my left forefinger between the bladder and pubic arch and follow it with a pair of forceps. I gently rend the tissue till I can feel bladder wall. This can easily be determined by its peculiar feeling, and by the fact that once the forceps grip it they hold, and they do not hold merely cellular tissues. Having fixed one pair, I then fix another close to them. My assistant takes them and gently pulls them apart, as in abdominal section; a notch of the knife follows, and a rush of water declares the road into the bladder for the forefinger to be open. The rest is all finger work, and consists as in abdominal sections of a gentle but firm extension of the opening into the bladder, till the lithotomy forceps can follow it. All my cases have recovered without complications; and though up to the present I have used a glass drainage tube, I am of the opinion that this will prove an unnecessary precaution, and that it will be safe to close the bladder by deep sutures."

—Med. and Surg. Rep.

Fracture of the Acromion Process of the Scapula.—This injury occurred to a man about sixty years of age. He was knocked over by a falling fence, and was thrown upon his left shoulder. The acromion process was fractured at its base, i. e., at the point of juncture with the spine of the scapula. The signs of fracture were: (1) Crepitus on movement being made at the shoulder joint; (2) exquisite tenderness on pressure, limited to the point of fracture; (3) the line of fracture could readily be detected on manipulation at the point indicated. This last sign was easily detected, the

bone being subcutaneous at this point. There was little or no deformity, and the only treatment necessary was to provide rest for the injured part by fixing the arm to the chest by means of a wide roller bandage.

The fracture is sufficiently rare to place the case on record. We find in "Hamilton on Fractures and Dislocations," edited by Stephen Smith, the following statement: "There is some reason to believe, I think, that fracture of the acromion process is much more rare than surgeons have supposed, and that in a considerable number of cases reported there was merely a separation of the epiphysis, the bony union never having been completed." The age of this patient precludes the possibility of a separation of the epiphysis. Bony union of the epiphysis with the spine occurs usually about the twenty-fifth year.

—The Canadian Practitioner.

NASAL GONORRHEA.

In *Les Annuaire des Maladies du Larynx* there are reported several cases of this gender by Vincenzo Cozzolino.

He divides them in two types:

1. The metastatic type, first described by Farcade. This is said to follow the sudden arrest of the urethral discharge by powerful urethral injection.

2. The indirect type, described by Edwards.

He describes the case of a widow, who was infected by a suspensory linen of her son, who had clap.

Sigmund reports the case of a man who acquired this type of malady by introducing his nostrils up between the labia-majora of a woman who was infected, and Renzone has seen a child with gonorrheal ozena, who contracted it through a syringe used by one who had blenorragia.

With Ziem, Cozzolino believes that the infected natural passages are a fruitful source of ozena and ophthalmia in the newborn.

Acting on this supposition Crede always thoroughly cleanses all the eyes and nasal passages of those delivered in foundling institutions.

—Revue de Therapeutie.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

TRIKRESOL.

As its name indicates, trikresol is a concentrated preparation of cresols, the active ingredients of coal-tar oils.

It is scarcely necessary in these columns to refer to the investigations of Frankel and Laplace on the disinfecting properties of the cresols, which have proved that they possess a much more powerful antiseptic action than carbolic acid, whilst at the same time their toxicity is considerably less. These facts are fully recognized and have been taken advantage of in the preparation of a number of coal-tar preparations wherein cresols are substituted for carbolic acid. Glancing back over the long list of disinfectants and antiseptics it may be at once asked: Is a new preparation necessary?

The employment of corrosive sublimate, which has long been regarded as the most powerful antiseptic, is finding continually more limited employment not only on account of its poisonous nature, but because of its corrosive character and diminished activity in albuminoid solutions. Formalin has furnished an excellent substitute for corrosive sublimate on account of its relative non-poisonousness and great activity, and has proved invaluable in the disinfection of clothes, walls, bandages and textile fabrics.

The tar-oil preparations are, however, still regarded with great favor for surgical purposes. The cresols are the active principle of all of them. But all have the great objection that they are mixed with inactive, and in some cases injurious, substances to render them easily miscible or soluble in water, and it is also difficult to obtain them of definite strength.

By repeated attempts, however, to produce a reliable cresol preparation it was discovered that the cresols themselves, when properly purified, are sufficiently soluble in water to answer all practical purposes as disinfectants.

The crude cresols are always mixed with indifferent substances of the nature of hydro-carbons, especially with naphthalene, and also with pyridine bases, and these impurities give it a very

insoluble character. When the cresols, ortho-cresol, meta-cresol and para-cresol, are prepared in a pure state they dissolve in about 40 parts of water.

Trikresol is entirely a pure preparation of the three cresols, and therefore always of 100 per cent. strength. It is a water-white clear liquid of pleasant creosote-like odor and free from the faint smell of carbolic acid. The solubility of trikresol in cold water amounts to from 2.2 to 2.55 per cent., and as it is never required for surgical purposes of above 1 per cent., generally 0.5 per cent. strength, its solubility is ample. If stronger preparations of definite composition are required they can at any time be readily made with the aid of soap, alkali, etc. As Professor Frankel and Professor Gruber have shown the 1 per cent. aqueous solution of the pure cresols to be equal to 3 per cent. carbolic acid solution, it follows that trikresol has three times the disinfectant value of carbolic acid.

Copper in Cholera.—Moricourt considers that now that the microbic doctrine has introduced into the therapeutics of cholera a number of medicines which, to judge from the articles that have appeared on the subject, have not been attended with results in any way better than those obtained formerly, it is opportune to recall attention to a form of treatment of cholera which, in his opinion, has been left too much in the shade. He refers to the treatment by copper, which was lauded by Burq at an epoch when the question of microbes was scarcely in vogue. It was found that there was a very small mortality in cholera, typhoid and the majority of epidemic diseases, among workers in copper, as compared with those working with other metals or engaged in other occupations. In 1849 Burq succeeded in arresting the cramps of cholera by means of copper bars in the majority of cases, and in 1866 sulphate of copper given internally to patients who had scarcely a particle of pulse, heat or urine left effected 16 cures in 18 cases.

—Gaz. des Hop.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

ON THE BRADYCARDIA OF CONVALESCENTS.

The bradycardia of convalescents is not a pathological manifestation of sudden growth; it is developed progressively, in proportion to the falling of the pulse and parallel with the lowering of the temperature.

Generally it only lasts a few days; at most, a week.

In slight cases it is unaccompanied by any appreciable pathological signs, or simply pallor and coldness of the extremities, as is usual in persons recovering from an acute febrile disease.

Few patients are aware of the condition.

The apex beat, when it can be felt, is weak, but is in the normal situation.

The heart is normal in size, the pulse usually of small volume, compressible, and often decrotic. Even in slight cases a certain irregularity of pulse was present, but disappeared with the improvement of the condition. There is always a certain amount of cardiac insufficiency.

It is to be inferred from this that the slowing of the cardiac beats is not the expression of primary functional anomaly, but that it is only a partial manifestation of disordered function, which in its highest degree is expressed by cardiac failure.

The author wished to know what influence atropia exercised over the cardiac functions in cases of bradycardia.

He found that the slowing of the pulse in these was much less pronounced than in healthy subjects. It is, therefore, not a consequence of excitation of the vagus. It is, in short, only the expression of cardiac irritability due to weakness.

—Revue Generale de Medicine, etc.

PHENOCOLL IN MALARIA.

BY DR. A. CICOGNANI.

The rapidity with which the administration of Phenocoll Hydrochloride is extending in Italy and usurping the place so long held by quinine as the specific against malarial fever is truly remark-

able. From the baths of Polesina Dr. A. Cicognani communicates to "La Rassegna Medica," of Bologna, his observations on the use of the remedy in nine cases of malarial fever. Five cases were of daily fever, two of ternary and one of quaternary type, in all of which the administration of phenocoll was followed by a prompt reduction of the fever. Details are given of one or two cases which especially demonstrate the value of phenocoll against malaria.

Case I.—C. A., aged 64 years, entered the hospital about the 1st of July, 1893. The evening temperature was taken, but showed the patient to be perfectly free from fever. The evening of the second day the patient complained of cold, and the temperature was found to be 103.5 degrees, the following evening 100.5 degrees, whilst for two subsequent days there was a remission of the fever, when the temperature commenced to rise again. A careful diagnosis revealed nothing worthy of remark in connection with the respiratory or circulatory apparatus. The liver was slightly enlarged, the appearance of the patient chlorotic. The accession of fever always appeared at the same hour, and was accompanied by severe shivering fits. The gait and family history of the patient all pointed to malarial fever. At the commencement bisulphate of quinine was administered, decoction of cinchona bark and Fowler's solution, but the fever persisted, and daily injections of six grains hydrobromide of quinine were therefore tried, but with equal want of success.

Phenocoll hydrochloride was consequently tried; 15 grains were administered two or three hours before the time at which the fever usually appeared. The two following days the fever did not appear, but on the third day, the remedy being discontinued, there was a slight return. Consequently the administration of phenocoll was continued, and the temperature of the patient thereby maintained between a minimum of 97.8 degrees and a maximum of 99.1 degrees. When the remedy was discontinued, after six days, there was not the slightest return of fever, and the patient left the hospital completely cured.

Case 2.—Dr. Guiseppe Finza was called to see M. C., suffering from broncho-pneumonia, with a suspicion of tubercular disease. On closer inspection it proved to be, however, a complicated case of malarial fever. Phenocoll was administered and the fever gradually abated.

Cicognani found phenocoll equally effectual in all the other cases treated by him. The most suitable dose he found to be 15 grains for an adult, and eight grains for a child under 10 years of age.

The Knee-jerk in Diabetes.—Grube has investigated the condition of the knee-jerk in 184 cases of diabetes mellitus. In general he has used the method recommended by Buzzard, coupled with Jendrassik's reinforcing device. As only one examination was made in 56 of the cases, he excludes those from consideration. Of the 128 remaining cases, the knee-jerk was normal in 113 and increased in 2. In the latter cases the patients were suffering from a severe form of diabetes; their urine contained large quantities of sugar and acetone, and they were too feeble to walk. Under treatment these patients improved; their knee-jerk then became normal. In 4 cases of severe diabetes the knee-jerk was absent or greatly diminished. One of these patients had bilateral neuritis with trophic derangements. The phenomenon was absent in 9 slight cases. Excluding 3 of these—because two of the patients were tabetic and the third was too obese to admit of satisfactory examination—there were only 10 patients (7.6 per cent.) in whom the knee-jerk was abolished or much reduced. The author contrasts his results with those recorded by other writers. Bouchard, who first described loss of knee-jerk in diabetes, found the defect in 36.9 per cent. of cases, Williamson in 50 per cent. Grube concludes that absence of knee-jerk has no prognostic significance in diabetes; in diabetic coma he has seen brisk reaction to percussion of the patellar tendon.

—British Medical Journal.

Bacteria are likely to be blamed for all the ills that flesh is heir to. Professor Schenk now maintains that what we call a "cold" is really due to these invisible pests. When one enters a cold

room after being heated, the bacteria in it flock to the warm body and enter by the open pores of the skin. Whatever may be said of his hypothesis, he seems to have proved by experiment that bacteria in the neighborhood of a warm body moves towards it. The confirmed smoker may derive some comfort from the fact that tobacco is inimical to them.

—Indian Medical Reporter.

"Fever, unless it be high, requires no special treatment. In urgent cases only ought antipyrin to be given. As a rule, cold applications to the head will act well when there is a tendency to convulsions. Cold applications to the heart will reduce the temperature of the whole body. A warm bath will frequently do good. I do not advise bathing or handling the child much while the convulsion is on. When thirst is very great, small quantities of ice-water should be given often, or seltzer water, or vichy or apollinaris. Also water to which dilute muriatic acid has been added in the proportion of one to three or ten thousand."

—A. Jacobl, M. D., *Intestinal Diseases of Infancy and Childhood* (Davis).

Tuberculin Treatment in Egypt.—Schiess Bey and Kartulus give results of treatment with tuberculin in 48 tuberculous patients. They find that in the Egyptian climate the treatment is harmless if commenced with small doses, and that even patients with advanced phthisis may be treated by this method. They have compared their cases with others in which, though tuberculin was not used, the other conditions were the same. Their conclusions are in favor of the use of tuberculin; by its aid, they say, commencing pulmonary tuberculosis gets well certainly, and in a few months, while advanced cases may also recover, though more slowly. Very severe cases, with vomicae, hectic fever and night sweats, they admit, are unsuitable for this treatment. Scrofuloderma got well more quickly than lupus, and tuberculin was also found useful in certain tuberculous affections of the joints and bones in combination with surgical treatment. The Egyptian climate is, they think, especially suitable for the tuberculin treatment.

—British Medical Journal.

Miscellany.

THE PUBLICATION OF PHYSICIANS' PORTRAITS.

The following letter was recently sent to the editor of the "New York Medical Journal:"

Sir: Your reference to our calendar for 1894 demands our attention. While you did not mention us by name, the reference is so direct that the physicians who received the calendar cannot but know to whom you referred.

It has been our custom for several years to send to the medical profession throughout the United States portraits of eminent physicians and surgeons, and, inasmuch as their distribution has been scrupulously confined to medical men of good repute, no objection has been offered by those gentlemen whose likenesses we reproduced. Not a copy of this calendar, nor of any of our other numerous publications, has ever been sent to the laity.

Maltine is distinctly not a "patent medicine," nor has it ever been advertised to the public, and therefore we have considered it within our province to distribute portraits just as we have promulgated testimonials from the most eminent physicians and chemists in this country and Europe.

We have statistics to prove that ninety per cent. of the physicians of the United States prescribe maltine. This fact, in addition to the fact that we reach the patient only through the physician, would seem to amply vindicate our use of the likeness of a physician whose pictures are on public sale and have continually appeared in the public press, and who is well known as a public man.

The portraits referred to were not used to push the sale of our preparations, as was the portrait of Dr. D. Hayes Agnew, recently published by us. It will be remembered that we printed under Dr. Agnew's portrait a fac-simile of his indorsement of maltine. Our only reason for publishing the portrait of Dr. — was because we thought it would interest his medical brethren, who have shown so high an appreciation of the series of likenesses we have already published.

We should like further to say that as soon as objection was made by him we

suspended the distribution of the calendars, as we would not knowingly offend even one of the honorable profession to whom we are so greatly indebted.

—The Maltine Manufacturing Company.

A "KENDAL ROOM" FOUNDED.

The reading given at the Medico-Chirurgical College by Mrs. Kendal recently netted \$525. The Ladies' Aid Society of the hospital have furnished a room, which in future is to be known as the "Kendal Room," and will be set aside for indigent members of the theatrical profession who become ill while in the city. Mrs. Kendal not only gave her time and talents free for this beneficent charity, but also assisted in sewing several garments for inmates.

The Use of Cocaine in Small-Pox.—Dr. Samayoa, (La Escuela de Medicina of Guatemala; Pacific Med. September 1893), after using this alkaloid in several cases of small-pox, states his results as follows:

1. Cocaine given continuously from the beginning can completely abort the disease.

2. If given after the eruption has appeared, it will transform confluent or hemorrhagic forms into the discrete.

3. Sometimes, when the cocaine is given from the beginning of the disease, the eruption assumes a corneal aspect, and the pustules collapse before the usual time.

4. Cocaine prevents suppuration, hence there is no secondary fever, and no pitting.

5. To obtain these results it is necessary to give cocaine as soon as the initial symptoms appear, and must be continued, without interruption.

6. The best preparation is the hydrochlorate, and should be continued five or six days or even nine if necessary.

The International Medical Congress at Rome.—The undersigned, Chairman of the American National Committee of the Eleventh International Medical Congress, has received the following

communications from the Secretary General:

First. Papers to be read in any of the Sections of the Congress should be announced on or before January 31st, 1894, to the Secretary General, Prof. E. Maragliano, Ospedale Pammatone, Genoa, Italy.

Second. The title of the paper ought to be accompanied with a brief extract of its contents and conclusions.

Third. The programme to be distributed will contain the titles of all the papers announced before August 31st, 1893, and since.

Fourth. The reductions granted by the railway companies months ago will be available from March 1st to April 30th, 1894.

In the interest of such medical men as will sail for Europe before official cards will have been received from the General Committee, the undersigned proposes to supply in as official a form as he thinks he is justified in doing credentials, which are expected to be of some practical value. It is suggested, besides, that a passport may increase the traveler's facilities.

A letter of the Secretary General's, dated November 29th, informs me that "traveling documents" will be sent to the address of every subscriber on or before February 15th, 1894; and that after that date congressists will have to apply to the undersigned.

It also contains the following regulations of former circulars:

Members' dues are five dollars (money order to Prof. L. Pagliani, Rome), guests' (wives and adult relations), two dollars; medical students, no fees. All are entitled to traveling documents.

Reduction on the Italian railways are available from March 1st until April 30th.

A. JACOBI, M. D.
Chairman Nat. Committee.

"I am a part of all that I have met;
Yet all experience is an arch where
through
Gleams that untraveled world whose margin
fades
Forever and forever when I move.
How dull it were to pause, to make an
end,
To rust unburnished, not to shine in use!
As tho' to breathe were life! Life piled on
life
Were all too little, and of one to me
Little remains; but every hour is saved
From that eternal silence, something more,
A bringer of new things; and vile it were
For some three suns to store and hoard
myself,
And this gray spirit yearning in desire
To follow knowledge, like a sinking star,
Beyond the utmost bound of human
thought."

—Tennyson.

Prescriptions.

EASY RULES FOR CONVERTING ONE SYSTEM INTO THE OTHER APPROXIMATELY.

One gram equals 15 Troy grains.
One Troy grain equals 1.15 gram.
One cubic centimeter or fluid gram equals $\frac{1}{4}$ fluid drachm.
One fluid drachm equals 4 cubic centimeters or fluid gram.

Hence—To convert Troy grains to grams or minims to cubic centimeters divide by 15.

To convert apothecaries' drachms into grams, fluid measure, multiply by 4.

The easiest way of writing prescriptions in metric system is to place the same numerical weight necessary for one dose, in grains or minims in grams and divide into 15 doses, thus:

	Grains.
R Pulveris Doveri	10
Saccharis lactis	20
M. Ft. chart No. 1 converted will read:	
	Grams.
R Pulveris Doveri	10
Saccharis lactis	20
M. Ft. chart No. 15.	

PHTHISIS.

	Gram.
R Emulsion Oleocroosote.....	.475
Phosphate of Soda.....	11.65
Phosphate of Potash.....	7.80
M. Sig. A tablespoonful three times a day.	

MALARIAL ENLARGEMENT OF THE SPLEEN.

	Gram.
R Quin. sulph.....	3.90
Ferri sulph. exsic.....	5.85
M. ft. pil No. xxx. Sig. Four or five pills during the day.	
Or,	

	Gram.
R Pil. ferri carb.....	3.90
Acid arsenios.....	.065
Quin. sulph.....	2.60
M. ft. pil No. 40. Sig. Two pills three times daily.—Barthlow, Ex.	

ointment FOR SCABIES.

	Gram.
R Creolin	2
Vaselin	40
Apply freely to the affected parts every day. Four days suffice for a cure. Creolin is rapid in action, unirritative and innocuous. The entire body may be covered with it without inconvenience.—Qaceta Medica de Catalana.	

GENERAL NERVOUSNESS AND DEPRESSION OF SPIRITS.

The following is given by Dr. Emmet:

	Gram.
R Strychniae sulph	2
Quinae sulph.....	2
Ferri pyrophosphat	8
Spirit chloroformi	12
Glycerine Qs. ad	125
M. Sig. One teaspoonful in wine-glass of water four times a day.	

—New Albany Medical Herald.

SICK HEADACHE.

	Gram.
R Sodii bicarb.	
Bismuthi subcarb.	
Pulv. acaciae.....	a.a. 4
Spts. ammon. aromat	8
Ammonii bromidii	6
Syr. zingiberi	12
Aquae dest. Qs. ad.....	250
M. Sig. One drachm, as required. Repeat if necessary.	

—Virginia Medical Monthly.